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**Business Assistance Request Form**

**Business Owner’s Information**

**First Name:****Last Name:**

**Email Address:****Phone Number:**

**Company Information**

Name of Company:

Street Address:

City:      State: Virginia Zip Code:

Email Address:

**Business Information**

Description of Company:

Startup  Existing Business

Existing Business (# of Years): 1-3 Years  4-7 Years  8+ Years

Number of Employees: 1-5  6-10  10+

**Business Assistance Need**

Describe your business needs/goals:

Select the Type of Assistance Needed (Check all that apply)

Start-up Assistance

Business Plan

Business registrations, licensing

Requirements, certification

assistance

Business and Personal Credit

Business Development

Customer Relations

E-commerce

Financials/access to capital, loan

packaging

Business accounting, budget, cash flow

management, financial statements,

revenue forecasting

Marketing/sales, promotion, market

research

Technical/understanding contracts,

estimating and bidding, job costing,

proposal writing

Legal/business formation, legal

information, advice, and contracts

Human Resources/Recruitment, onboarding, employee manuals

Social Media

Other (specify):

Client Name (Print)

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

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